

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026280

6313

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED JUN 21 1963

1. PLACE OF DEATH

a. COUNTY

Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis.

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

St. Louis

Length of stay in 1b

11 days

c. CITY

OR  
TOWN

University City

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

St. Louis Little Rock Hosp.  
Inc.

Inside Limits

Yes ☐ No ☐

d. STREET

(If outside, give location)

8327 Delmar Blvd.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

William

Middle

(NAN)

Last

Phlig

4. DATE  
OF  
DEATH

Month

June 13, 1963

Day

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5-25-1875

9. AGE (last birthday)

88

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Night Watchman

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

St. Albans, Missouri.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Clara

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

No. Nil

16. SOCIAL SECURITY NO.

4

17. INFORMANT

Address

Mrs. Earl Donahue, 8327 Delmar.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Congestive Heart Failure

INTERVAL BETWEEN  
ONSET AND DEATH

24 hrs.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Arterio Sclerotic Heart Disease

Many years.

DUE TO (c)

4200 H

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Rt. Hypernephroma - Prostatic Hypertrophy

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour Month, Day, Year  
a.m.  
p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20a. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from June 2, 1963 to June 13, 1963 and last saw him alive on June 12, 1963

Death occurred at 12:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Leland E. Hasto M.D.

22b. ADDRESS

1755 South Grand Blvd.

22c. DATE SIGNED

June 13 '63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

23b. DATE

6-15-63

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Hoppe Funeral Home, 4700 Washington Ave.

St. Louis, Mo.

25. DATE REG. BY

JUN 14 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3575

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.